IPDR6702				NORTH CAROLINA		PAGE	E: 1	
	: 07/25/2004		IP	RS CHECKWRITE SUMMARY REPORT				
			(	CHECKWRITE DATE: 07/29/2004				
			T	FINANCIAL PAYER: NCDMH	1			1
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8517	338	CLAIMS DENIED, SUBMITTED BEYON				
	H/DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	329	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	401	895	5880	4985
				RVICES IN IFRS.				
		8599	96	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8517	55	CLAIMS DENIED, SUBMITTED BEYON				
	DS LME			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0.1	1.5	DUDY YOUND OF OVERTILE OVERTILE				
		21	15	DUPLICATE OF CLAIM-SYSTEM	2	84	224	140
	+	+	+		†			
					1			
		8599	8	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	-			
	-	+	+	DENEFIL FACRAGE.	<del>                                     </del>			-
3404905	TREND COMM MENT	8525	139	CLAIM DENIED, REFERRING PROVID	1			
	AL HLTH CTR			ER MUST BE AN LMA.				
		8326	27	ATTENDING PROVIDER NUMBER IS R		1.00	1.00	
		0320	2.7	EQUIRED WHEN BILLED WITH GROUP	0	166	166	0
				NUMBER. ADD ATTENDING NUMBER A				
3404910	PATHWAYS	8505	4	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8517	1	CLAIMS DENIED, SUBMITTED BEYON	1	6	37	31
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			MA 1.4 M				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE	2	9	13	4
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	21	2021	DUPLICATE OF CLAIM-SYSTEM	+			
	ENTAL HEALT							L
	-	8933	1076	ADTNC INELIGIBLE TO RECEIVE SE	1			2
		0333	10.10	ADTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1744	5980	9528	3548
		1			1			
		8517	944	CLAIMS DENIED, SUBMITTED BEYON				
	-	1	1	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1		1	1
	+	+	1		+		1	
3404916	CROSSROADS BEHA	8599	1029	DETAIL NOT COVERED BY COMBINAT	1			
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	8517	62	CLAIMS DENIED, SUBMITTED BEYON	<del>                                     </del>	1251	3992	2741
	+		1-	D FILING TIMELIMIT. JULY	4	1251	3992	2/41
				THROUGH APRIL DOS MUST BE SUBM				
		10	59	DIAGNOSIS OR SERVICE INVALID F				
		+		OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	+			
	+	+	+		†			
3404917	CENTERPOINT HUM	11	388	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE	1		1	
					-			
	+	8599	30	DETAIL NOT COVERED BY COMBINAT	0	418	1528	1110
	+		1.7	ION OF RECIPIENT, PROVIDER AND	0	418	1528	1110
				BENEFIT PACKAGE.				

100 OF REPIRENT, PROVIDER AND   1   1   1   1   1   1   1   1   1		T.							
Column	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL.		
PAGE	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				
PAGE									
100   100	3404918		8329	457					
		ENTAL HEALT							
11									
			8517	4		0	462	462	0
144911   1717000 CO MEN									
A PARLET CAME					THROUGH APRIL DOS MUST BE SUBM				
196939			191	1	CLIENT ID NUMBER DOES NOT MATC				
10.   10.									
10.   10.									
10.   10.									
NAME	3404919		11	4					
AMANGEST CONTEST   CAMAR MO D		TAL HEALTHC			DATE				
AMANGEST CONTEST   CAMAR MO D									
AMAIN NET   10   10   11   11   12   12   13   14   15   15   15   15   15   15   15			0	0		0	4	8	4
AMAIN NET   10   10   11   11   12   12   13   14   15   15   15   15   15   15   15									
AMAIN NET   10   10   11   11   12   12   13   14   15   15   15   15   15   15   15									
TROUGH ANTIL DO HOUT SE FIRST   1979   10   2521 NOT COMPAND BY COMPINED BY COMPINED   2   1039   110   7	3404920		8517	956					
1997   10   1997   10   1997   10   1997		L AREA MH D							
SECRET PROJECTION, PROJECTION AND					INROUGH APRIL DUS MUSI BE SUBM				
SECRET PROJECTION, PROJECTION AND			8599	60	DETAIL NOT COVERED BY COMBINAT	2	1039	1345	306
10   10   11   11   12   12   13   13   14   15   15   15   15   15   15   15					ION OF RECIPIENT, PROVIDER AND		2333	-313	1 230
					BENEFIT PACKAGE.				
SATISMY NAME			101	11	CLITIME ID NUMBER PORC NOT WATCH				
ACCESS   A			191	11					
ANTENN AREA					- ALLENT WANT				
ANTENN AREA									
	3404921	ORANGE PERSON C	5312	2022	PRIOR AUTHORIZED DOLLARS EXCEE				
NO. OF RECIPIENT, PROVIDER AND		HATHAM AREA			DED				
NO. OF RECIPIENT, PROVIDER AND									
NO. OF RECIPIENT, PROVIDER AND			0500	140	DETAIL NOT COMPED BY COMPINAT				
SERFIT PACKAGE.			6333	140		32	2337	4925	2588
1940   1940									
### 1   ### 1			21	57	DUPLICATE OF CLAIM-SYSTEM				
ER     0 FILING THRILIMIT, JULY   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 959 359   10462 17065 AFRIL DOS MOST DE SUBEN   0 10 10 10 10 10 10 10 10 10 10 10 10 1									
### 1   ### 1									
### 1   ### 1	3404922	MUD DUDUNA ODAM	8517	925	CLAIMS DENIED SUBMITTED BEYON				
	3404322		0317	323					
19		ER							
			191	20		0	959	959	0
					H PATIENT NAME				
### ### ##############################									
### ### ##############################			143	12	CLIENT ID NUMBER NOT ON STATE				
				4.60					
RITY  RITY  RITY  RESTOR HANDON  RESTOR MANUAL SET OF CLAIMS DENIED, SUBMITTED BEYON  RESTOR MANUAL SET OF CLAIMS DENIED D									
RITY  RITY  RITY  RESTOR HANDON  RESTOR MANUAL SET OF CLAIMS DENIED, SUBMITTED BEYON  RESTOR MANUAL SET OF CLAIMS DENIED D									
### SESS ###	3404923		11	9					
		RITY			DATE				
			8517	1	CLAIMS DENIED, SUBMITTED BEYON	0	10	15	5
### THROUGH APRIL DOS MUST BE SUBM ###					D FILING TIMELIMIT. JULY	0	10	13	,
R FOR MM/DD  R FOR									
R FOR MM/DD  R FOR									
Second   S	3404925		21	3915	DUPLICATE OF CLAIM-SYSTEM				
D FILING TIMELIMIT. JULY  TRROUGH ARRIL DOS MUST BE SUBM  EN		R FOR MH/DD							
D FILING TIMELIMIT. JULY  TRROUGH ARRIL DOS MUST BE SUBM  EN									
D FILING TIMELIMIT. JULY  TRROUGH ARRIL DOS MUST BE SUBM  EN			8517	2557	CLAIMS DENIED, SUBMITTED BEYON	283	10462	17065	6603
Second   S					D FILING TIMELIMIT. JULY	203	10102	1,003	3003
ION OF RECIPIENT, PROVIDER AND					THROUGH APRIL DOS MUST BE SUBM				
ION OF RECIPIENT, PROVIDER AND									
SEMEFIT PACKAGE.   SOUTHEASTERN RE			8599	2004					
3404926 SOUTHEASTERN RE 21 1959 DUPLICATE OF CLAIM-SYSTEM									
G MENTAL HL  SEPRETARY PROVIDER AND  ENERGY PACKAGE.  SEPRETARY PROVIDER AND  SERVETT PACKAGE.									
G MENTAL HL  SEPRETARY PROVIDER AND  ENERGY PACKAGE.  SEPRETARY PROVIDER AND  SERVETT PACKAGE.	3404926	SOUTHEASTERN RE	21	1959	DUPLICATE OF CLAIM-SYSTEM				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8526 423 CLAIM DENIED, UNITS BILLED MUS									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8526 423 CLAIM DENIED, UNITS BILLED MUS									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  8526 423 CLAIM DENIED, UNITS BILLED MUS			0.00	701	DESCRIPTION OF STREET				
BENEFIT PACKAGE.  8526 423 CLAIM DENIED, UNITS BILLED MUS			8599	/01		821	4816	13551	8735
8526 423 CLAIM DENIED, UNITS BILLED MUS									
					DENELLI FRONTIGE.				
		1	8526	423	CLAIM DENIED, UNITS BILLED MUS				

	T	T		T	ı		momar	mom: -
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8599	194	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-		
				DENEFII FACRAGE.				
		8517	176	CLAIMS DENIED, SUBMITTED BEYON	5	449	5010	4561
				D FILING TIMELIMIT. JULY	-			
				THROUGH APRIL DOS MUST BE SUBM				
		8622	35	60 RESIDENTIAL LEVEL II TREATM		<u> </u>		
				ENT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.		1		
				FOR ADDITIONAL SERVICE.		<b>+</b>		
3404929	LEE HARNETT MH/	11	48	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	53	152	99
						1		
3404930	JOHNSTON COUNTY	8931	151	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	46	DETAIL NOT COVERED BY COMBINAT	202	289	3749	3460
		<u> </u>		ION OF RECIPIENT, PROVIDER AND		<u> </u>	<u></u>	
		-	1	BENEFIT PACKAGE.		<del>                                     </del>	<del>                                     </del>	1
		8622	23	60 RESIDENTIAL LEVEL II TREATM		<u> </u>	<del> </del>	
		1	-	ENT RECEIVED, PA IS REQUIRED			<del>                                     </del>	
				FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC	8517	999	CLAIMS DENIED, SUBMITTED BEYON				
	BILLING OF			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM		ļ		
		11	480	CLIENT NOT ELIGIBLE ON SERVICE				
		11	400	DATE	53	2067	12505	10438
		21	138	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT	8505	43	CLAIM DENIED DUE TO INSUFFICIE		<u> </u>		
	R FOR MH/DD			NT BUDGET		-		
						<b>+</b>		
		8599	28	DETAIL NOT COVERED BY COMBINAT	18	149	1270	1121
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		8000	23	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL		1		
3404934	ONSLOW COUNTY B	23	203	SERVICE REQUIRES PRIOR APPROVA			<del> </del>	<del>                                     </del>
	EHAVIORAL H			L			1	
		8517	8	CLAIMS DENIED, SUBMITTED BEYON	0	217	219	0
		1		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM		<b></b>		
		1		THROUGH REALD DOG MUST BE SUBM		<del> </del>	<del> </del>	
		8511	5	CLAIM DENIED, NO BUDGET CRITER		1	<del>                                     </del>	
		<u> </u>		IA FOUND			<u> </u>	<del>                                     </del>
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR	1				<b></b>		
						<u> </u>	<del> </del>	
		0	0		0	0	0	_
					0	0	0	U
3404936	WILSON-GREENE M	8517	52	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM		<u> </u>		
		8000	31	NO RATE AVAILABLE ON FILE TO P		<b></b>	<u> </u>	
		0000	71	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	21	145	1809	1664
						1	1	1
						<del> </del>		
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
		11	18					
		11	18					

		1			1	1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	8517	3116	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C	1		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				INROUGH APRIL DOS MUSI DE SUDM				
		8599	2492	DETAIL NOT COVERED BY COMBINAT	23	5738	9752	4014
				ION OF RECIPIENT, PROVIDER AND	23	3730	3732	1011
				BENEFIT PACKAGE.				
		10	39	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404938	VGFW DBA RIVERS	8329	3	CLAIM DENIED ATTENDING PROVIDE				
	TONE COUNSE			R CANNOT BE THE SAME AS				
				THE LMA				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE	0	5	12	7
				DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
			<u> </u>	BENEFIT PACKAGE.			İ	
3404939	NEUSE MENTAL HE	8517	151	CLAIMS DENIED, SUBMITTED BEYON				
	ALTH CENTER			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				INNOUGH APRIL DUS MUST BE SUBM			1	
	+	8599	17	DETAIL NOT COVERED BY COMBINAT	,	184	604	420
				ION OF RECIPIENT, PROVIDER AND	1	184	604	420
				BENEFIT PACKAGE.				
		120	5	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AS A NEW CLAIM				
3404941	PITT CO MH/DD/S	8517	348	CLAIMS DENIED, SUBMITTED BEYON				
3101311	AS CENTER	0017	3.0	D FILING TIMELIMIT. JULY				
	III CHILLI			THROUGH APRIL DOS MUST BE SUBM				
		24	60	PROCEDURE CODE, PROCEDURE/MODI	3	541	2225	1684
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8329	32	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404942	ROANOKE CHOWANH	8599	13	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	0	SEVERE DUPLICATE: SAME ATTO PR				
		5404	0	OV/PCODE/TOS/DOS/MOD	0	33	825	792
	+	1		,		1	<del>                                     </del>	
		8517	5	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404045		9229	116	CLAIM DENIED ATTENDING PROVIDE				
3404943	ALBEMARLE MENTA	8329	446	R CANNOT BE THE SAME AS			1	
	L HEALTH CE			THE LMA			<del>                                     </del>	
				-			<del> </del>	
		8599	106	DETAIL NOT COVERED BY COMBINAT	14	626	1337	711
				ION OF RECIPIENT, PROVIDER AND	14	320	2557	7.11
				BENEFIT PACKAGE.				
		537	20	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
	1			HIS DATE OF SERVICE				
							1	
3404944	PACEDOTNED IIIMA	8517	76	CLAIMS DENIED, SUBMITTED BEYON			<del>                                     </del>	
	EASTPOINTE HUMA N SERVICES			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM			1	
							1	
		8599	17	DETAIL NOT COVERED BY COMBINAT	16	118	1667	1549
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			L					
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.			1	
							1	
		i .	1		I	I .	l .	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	11	77	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	ENTAL HEALT			20112				
	+							
		0	0					
		0				0 77	77	
3404957		8599	53	DETAIL NOT COVERED BY COMBINAT				
3404937	TIDELAND MENTAL	0333	22	ION OF RECIPIENT, PROVIDER AND				
	HEALTH CTR			BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE		38 95	1763	166
				RVICES IN IPRS.				
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0			0 0	0	
3404979	NEW RIVER AREAM	10	21	DIAGNOSIS OR SERVICE INVALID F				
	H/DD/SA PRO			OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8517	18	CLAIMS DENIED, SUBMITTED BEYON		0 64	1548	1484
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8000	12	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				